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(Requestor's Name)					
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D. SCOTT Jun 2 9 2017

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
CHDI	ect.	1ILES	XPRE	SS LLC				
SUBJ	SUBJECT:							
Dear S	Sir or Madam:							
The cr	nclosed Registered Agent/Registered Offi	ce Cha	nge and	fee(s) are	e submitted for filing.			
Please return all correspondence concerning this matter to the following:								
	RAYTE BARRIOS							
	Name of Person							
	MILES XPRESS LLC							
	Firm/Company							
	8520 SW 212TH ST APT 30	4						
**************************************	Address					-102 Th		
	CUTLER BAY FL 33189)				ECRE ECRE		
***************************************	City/State and Zip Code					JIM 26 PH 12: 3		
	milesxpressllc@gmail.cor	1				Fig. 2 O		
	E-mail address: (to be used for future ann	ual rep	ort notif	ication)		5 7 3		
For further information concerning this matter, please call:								
	RAYTE BARRIOS	at (_	305)	484-8541			
	Name of Person	_ `-		Área C	ode & Daytime Telepho	one Number		
	Registration Section Registration of Corporations Division of Corporations Division Building P.O.			gistration vision of D. Box 63	Corporations			
	Enclosed is a check for the following	amoui	nt:					
☑ \$25 Filing Fee & Certified				Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	PRESS LLC				
2. (8520 SW 212TH ST APT 304		b)	8520 SW 212TH ST APT 304		
(· <i>)</i> .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·············		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
		CUTLER BAY FL 33189	_		CUTLER BAY FL 33189		
		08/08/2016	_		L16000147597		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	RAYTE BARRIOS / PRESIDEN			_		
		Registered Agent and Registered Office shown on the records of th	he Flori	la Dept, of Sta	ute:		
		Registered Office Address (MUST BE FLORIDA STREET AD 8520 SW 212TH ST APT 304		<u>(SS)</u>			
		CUTLER BAY , FL		33189			
((b)	RAFAEL BARRIOS / VICE PRESIDE			_ <u> </u>		
		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	<u>ddress</u> :	ER ET		
					32 2		
		NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		SEE B		
		8520 SW 212TH ST APT 304	OF STA				
		CUTLER BAY , FL_	3	3189	ANDA S		
the ager was the	cha nt w /we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l	the reg bility of the li	gistered offi company, it mited liabil l liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
	_	ure of a member or authorized representative of a member			Printed or typed name of signee		
nou	пес	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a charge in the registered office address, I had in writing of this change.	ee to a perfor I for in ereby	ct in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been		
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314							
FILING FEE: \$25.00							